

House Bill 1119 (AS PASSED HOUSE AND SENATE)

By: Representatives Harbin of the 118th, Keen of the 179th, Lindsey of the 54th, Rynders of the 152nd, and Kaiser of the 59th

A BILL TO BE ENTITLED
AN ACT

To amend Title 31 of the Official Code of Georgia Annotated, relating to health, so as to provide for a short title; to provide for legislative findings and purposes; to provide for the development and implementation of an arthritis prevention and control program; to provide for related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

This Act shall be known and may be cited as the "Georgia Arthritis Prevention and Control Act."

SECTION 2.

The General Assembly finds that:

- (1) Arthritis encompasses more than 100 diseases and conditions that affect joints, the surrounding tissues, and other connective tissues;
- (2) As one of the most common family of diseases in the United States, arthritis affects nearly one of every five Americans and will impact an estimated 67 million people by the year 2030;
- (3) Arthritis is the most common cause of disability in the United States, limiting daily activities for more than 17.4 million citizens;
- (4) Although prevailing myths inaccurately portray arthritis as an old person's disease, arthritis is a multigenerational disease that has become one of this country's most pressing public health problems;
- (5) This disease has a significant impact on quality of life, not only for the individual who experiences its painful symptoms and resulting disability, but also for family members and caregivers;
- (6) Compounding this picture are the enormous economic and social costs associated with treating arthritis and its complications; in 2003, the costs were \$127.3 billion with \$80.8

billion and \$47 billion attributable to medical care expenditures and lost earnings, respectively; \$3.9 billion of that was the cost in Georgia;

(7) Currently, the challenge exists to ensure delivery of effective, but often underutilized, interventions that are necessary in the prevention or reduction of arthritis related pain and disability;

(8) Although there exists a large quantity of public information and programs about arthritis, it remains inadequately disseminated and insufficient in addressing the needs of specific diverse populations and other underserved groups;

(9) The Arthritis Foundation, the Centers for Disease Control and Prevention, and the Association of State and Territorial Health Officials have led in the development of a public health strategy, the National Arthritis Action Plan, to respond to this challenge; and

(10) Educating the public and health care community throughout this state about this devastating disease is of paramount importance and is in every aspect in the public interest and to the benefit of all residents of the State of Georgia.

SECTION 3.

The General Assembly finds that the purposes of this Act are to:

(1) Create and foster a state-wide program that promotes public awareness and increases knowledge about the causes of arthritis, the importance of early diagnosis and appropriate management, effective prevention strategies, and pain prevention and management;

(2) Develop knowledge and enhance understanding of arthritis by disseminating educational materials, information on research results, services provided, and strategies for prevention and control to patients, health professionals, and the public;

(3) Establish a solid scientific base of knowledge on the prevention of arthritis and related disabilities through surveillance, epidemiology, and prevention research;

(4) Utilize educational and training resources and services developed by organizations with appropriate expertise and knowledge of arthritis and use available technical assistance;

(5) Evaluate the need for improving the quality and accessibility of existing community based arthritis services;

(6) Heighten awareness about the prevention, detection, and treatment of arthritis among state and local health and human officials, health professionals and providers, and policy makers;

(7) Implement and coordinate state and local programs and services to reduce the public health burden of arthritis;

(8) Fund adequately these programs on a state level; and

(9) Provide lasting improvements in the delivery of health care for individuals with arthritis and their families, thus improving their quality of life while also containing health care costs.

SECTION 4.

Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by adding a new chapter to read as follows:

"CHAPTER 47

31-47-1.

(a) The Department of Community Health shall establish, promote, and maintain an 'Arthritis Prevention and Control Program' in order to raise public awareness, educate consumers, educate and train health professionals, teachers, and human services providers, and for other purposes.

(b) As a part of the 'Arthritis Prevention and Control Program,' the Department of Community Health shall periodically conduct a needs assessment to identify:

(1) Epidemiological and other public health research being conducted within this state;

(2) Available technical assistance and educational materials and programs nation-wide and within this state;

(3) The level of public and professional arthritis awareness;

(4) The needs of people with arthritis, their families, and caregivers;

(5) Educational and support service needs of health care providers, including physicians, nurses, managed care organizations, and other health care providers;

(6) The services available to a person with arthritis;

(7) The existence of arthritis treatment, self-management, physical activity, and other educational programs; and

(8) The existence of rehabilitation services.

(c) The Department of Community Health shall establish and coordinate an advisory panel on arthritis which shall provide nongovernmental input regarding the 'Arthritis Prevention and Control Program.' Membership shall include, but shall not be limited to, persons with arthritis, public health educators, medical experts on arthritis, providers of arthritis health care, persons knowledgeable in health promotion and education, and representatives of national arthritis organizations and their local chapters.

(d) The Department of Community Health shall use, but shall not be limited to, strategies consistent with the National Arthritis Action Plan and existing state planning efforts to raise public awareness and knowledge about the causes and nature of arthritis, personal risk

factors, the value of prevention and early detection, ways to minimize preventable pain, and options for diagnosing and treating the disease.

(e)(1) Subject to appropriation or access to other private or public funds, the Department of Community Health may replicate and use successful arthritis programs and enter into contracts and purchase materials or services from entities with appropriate expertise for such services and materials as are necessary to carry out the goals of the 'Arthritis Prevention and Control Program.'

(2) Subject to appropriation or access to other private or public funds, the Department of Community Health may enter into agreements with national organizations with expertise in arthritis to implement parts of the 'Arthritis Prevention and Control Program.'

31-47-2.

The commissioner of community health shall:

(1) Provide sufficient staff to implement the 'Arthritis Prevention and Control Program';

(2) Provide appropriate training for staff of the 'Arthritis Prevention and Control Program';

(3) Identify the appropriate organizations to carry out the program;

(4) Base the program on the most current scientific information and findings;

(5) Work to increase and improve community based services available to people with arthritis and their family members;

(6) Work with governmental offices, national voluntary health organizations and their local chapters, community and business leaders, community organizations, and health care and human service providers to coordinate efforts and maximize state resources in the areas of prevention, education, detection, pain management, and treatment of arthritis; and

(7) Identify and, when appropriate, use evidence based arthritis programs and obtain related materials and services from organizations with appropriate expertise and knowledge of arthritis.

31-47-3.

(a) The commissioner of community health may accept grants, services, and property from the federal government, foundations, organizations, medical schools, and other entities as may be available for the purposes of fulfilling the obligations of this chapter.

(b) The commissioner of community health shall seek any federal waiver or waivers that may be necessary to maximize funds from the federal government to implement this chapter."

128

SECTION 5.

129 All laws and parts of laws in conflict with this Act are repealed.